National Institute of Child Health and Human Development National Institutes of Health

INDIVIDUAL PERFORMANCE PLAN

(For employees in pay plans GS/GM and WG)

EMPLOYEE'S NAME	SOCIAL SECURITY NO.		
POSITION TITLE (Use official title from position description)	PAY PLAN/SERIES/GRADE		
ORGANIZATION	•		
APPRAISAL PERIOD (Calendar Year Cycle)	NUMBER OF ELEMENTS		
From To	This plan consists of	elements.	
PLAN ESTABLISHMEN			
RATER'S NAME RATER'S TITLE			
RATER'S SIGNATURE		DATE	
EMPLOYEE'S SIGNATURE (Indicates that a copy of the plan was received.)		DATE	
FINAL RATING			
(Complete Only One of the Rating Section 2012)	,		
ACCEPTABLE (All elements were rated Acceptable)	-		
RATER'S NAME RATER'S TITLE			
RATER'S SIGNATURE		DATE	
EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)		DATE	
OR			
UNACCEPTABLE (At least one element was rated Una	acceptable)		
RATER'S NAME RATER'S TITLE			
RATER'S SIGNATURE (For recommendation of Unacceptable rating only)		DATE	
REVIEWER'S NAME REVIEWER'S T	ITLE	I	
REVIEWER'S SIGNATURE (For approval of Unacceptable rating only)		DATE	
EMPLOYEE'S SIGNATURE (Indicates that a copy of the final rating was received.)		DATE	

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JOB ELEMENTS AND PERFORMANCE STAND	ARDS	Element	of	
EMPLOYEE'S NAME				
ELEMENT DESCRIPTION				
PERFORMANCE STANDARDS (Employee must meet or exceed this	level to be rated Acce	ptable)		
PROGRE	SS REVIEW			
PROGRESS REVIEW MEETING (Required for all employees)				
A progress review was conducted on				
PROGRESS REVIEW NOTES: (Required for employees not meeting expectations; optional for others)				
RATER'S SIGNATURE			DATE	
EMPLOYEE'S SIGNATURE (Indicates that a progress review was cor	nducted.)		DATE	
FINAL ELEMENT RATING ACCEPTABLE UNACCEPTABLE				
DESCRIPTION OF ACTUAL PERFORMANCE (Required for rating of		al for rating of Acce	ntable)	
DESCRIPTION OF MOTOMET ENGINEERING (Magained for failing of	onaccoptable. option	iai ioi iaiiig oi 71000	pidoloj	

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